



APPLICATION FOR EMPLOYMENT

STATE OF NORTH DAKOTA

SFN 10950 (1-05)

- Follow instructions carefully
- Provide detail – do not use “see resume”
- If accommodation or assistance is needed in completing this application, contact the employing agency.
- Print or type
- Check for errors & signature before submitting

Position applying for:

Position Number

Requisition Number

General Information

Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address	
Mailing Address	City		State	Zip Code
Have you ever been a student of the North Dakota University System or an employee of the State of North Dakota? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate your student or employee ID number, if known, and your former name(s) if your name changed.				
Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)				
How did you learn about this opening?				

Veteran's Preference

Do you claim Veteran's Preference?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Must attach DD-214, Report of Separation</i>
Do you claim Disabled Veteran's Preference?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Must attach DD-214, Report of Separation, & a letter less than 1 year old from the US Department of Veteran Affairs indicating disability</i>
Veteran Eligibility: You must be a North Dakota resident and have served in the active military forces during a period of war or received the armed forces expeditionary or other campaign service medal during an emergency condition, and must have been released under other than dishonorable conditions. See North Dakota Century Code 37-19.1.	

Education and/or Training

Did you graduate from high school or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Number of Credits		Field		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma or degree earned
	Qtr.	Sem.	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other education/training/skills:						
Computer skills (hardware & software):						
Related volunteer experience:						

License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

- Start with your current or last job – include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- Complete pages 3 and 4 if you have additional employment history.

Go on to page 3 if you have additional employment history.

Applicant's Signature _____ Date _____

Equal Opportunity Employer

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Name: _____

Additional Employment History:

4.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

5.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties: 			
Monthly Salary	Reason for Leaving		

6.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

Name: _____

Additional Employment History:

7.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties: 			
Monthly Salary		Reason for Leaving	

8.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties: 			
Monthly Salary	Reason for Leaving		

9.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties: 			
Monthly Salary	Reason for Leaving		